

KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

PO BOX 1360
FRANKFORT KY 40602
502-564-3296, EXT 226

REINSTATEMENT APPLICATION

License Number KY-
Social Security Number

Your license as a Licensed Professional Counselor has expired. In accordance with KRS 335.535 and regulations governing this profession, you are required to renew your license annually. To reinstate your license please return this completed form with the renewal fee of \$200.00 by check or money order made payable to the **Kentucky State Treasurer.**

PLEASE COMPLETE THE FOLLOWING:

Note changes in mailing address **if different** from above:

1. _____
Name

Street Address

City State Zip
2. _____
Present Place of Employment

Street Address

City State Zip
3. () _____ () _____
Home telephone # Business telephone # E-mail address
4. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. () No () Yes If yes, list offense and provide details on a separate sheet of paper.
5. Have you been subject to disciplinary action by a mental health credentialing board? () No () Yes If yes, give details on a separate sheet of paper.
6. List any state in which you have become licensed or certified since your last renewal of certification, type of license or certification, and number of the certification or license: _____

AFFIDAVIT

I do certify under penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board of Licensed Professional Counselors.

I have completed _____ hours of continuing education in the past year. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

(Sign your name – Do not print or type) Date: _____